

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	meo-2-B		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SH	1085	8/23-01
RESPONSE FORMALITY REVIEW	WHT	1085	10-01-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	8/12-02	
2	✓	1-29-03	
3	✓		
4	✓		
5	✓		
6	✓		
7	✓		
8	✓		
9	✓		
10	✓		
11	✓		
12	0	0	
13	0	0	
14	✓	✓	
15	✓	0	
16	✓	✓	
17	✓	✓	
18	✓	✓	
19	✓	✓	
20	✓	✓	
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27	✓	✓	
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30	✓	✓	
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47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

52/1085

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